KENTUCKY OFFICE OF EMPLOYMENT AND TRAINING PREVAILING WAGE INFORMATION REQUEST

FAX TO: (502) 564-7459

1. Name of Employer (Full Name of Organization)			2. Telephone (Area Code and Number)			
3. Address (Number, Street, City or Town, State, ZIP Code)				County		
4. Name of Alien (if known)						
5. Address where Alien will work (if different from item 3)						
6. Nature of Employer's Business	7. Alien's Job Title	8. Work	8. Work Shift 9.		. Rate of Pay (\$/hr)	
10. Describe fully the job to be perform	med (duties and special requ	uirements)				
					0	H1B H2B Traditional (PERM)
11. Which level best describes this occ	(Check appropria	te Box)				
 SKILL LEVEL I – Entry level, little to no experience required SKILL LEVEL II – Some experience and/or education required 		 □ SKILL LEVEL III – High level of experience and education required □ SKILL LEVEL IV – Fully competent, extensive experience required 				
12. College Education (number of years) College Degree required (specify) Specify Specialty		=	Employees Alien	will supe	ervise	
13. Experience required	15. Occupational Title of person who will be Alien's immediate supervisor					
Submit typed form to: Office of Employment and Training Alien Labor Certification Unit Division for Field Services 275 East Main Street, 2WA Frankfort, Kentucky 40621		Phone Number Fax Number				
FOR OFFICIAL USE ONLY						
The prevailing wage for the j						
OES Code: Source of wage finding: Date:						
Бу		Daw				
****THIS RATE IS VALID FOR FILING APPLICATIONS AND ATTESTATIONS**** Rev. 3/25/05						

PLEASE DO NOT SUBMIT DUPLICATE REQUESTS. ALLOW 14 WORKING DAYS FOR PROCESSING.

